Unannounced Primary Care Inspection

Name of Establishment:	**Lisburn Assessment and Resource Centre incorporating 'Rowan Centre Day Care', 'Dairy Farm Day Care' & 'Seymour Horticultural Unit'.**
RQIA Number:	**11113**
Date of Inspection:	**15 and 16 December 2014**
Inspector's Name:	**Suzanne Cunningham**
Inspection ID:	**IN01765**

The Regulation And Quality Improvement Authority
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1.0 General Information

<table>
<tr><td>Name of Establishment:</td><td>Lisburn Assessment and Resource Centre</td></tr>
<tr><td>Address:</td><td>58 Wallace Avenue
Lisburn
BT27 4AE</td></tr>
<tr><td>Telephone Number:</td><td>028 9263 3535</td></tr>
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<tr><td>Registered Organisation/ Registered Provider:</td><td>Mr Hugh McCaughey
South Eastern Health and Social Care Trust</td></tr>
<tr><td>Registered Manager:</td><td>Mr Raphael Kearns</td></tr>
<tr><td>Person in Charge of the Centre at the Time of Inspection:</td><td>Mr Raphael Kearns</td></tr>
<tr><td>Categories of Care:</td><td>DCS-LD</td></tr>
<tr><td>Number of Registered Places Each Day:</td><td>195</td></tr>
<tr><td>Number of Service Users Accommodated on Day of Inspection:</td><td>
<table>
<tr><th></th><th>15 December 2014</th><th>16 December 2014</th></tr>
<tr><td>Rowan Centre</td><td>10</td><td>11</td></tr>
<tr><td>Dairy Farm</td><td>16</td><td>17</td></tr>
<tr><td>Seymour Hill</td><td>37</td><td>33</td></tr>
<tr><td>LARC</td><td>91</td><td>90</td></tr>
<tr><td>Total</td><td>154</td><td>151</td></tr>
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<tr><td>Date and Type of Previous Inspection:</td><td>29 May 2014
31 May 2014
Primary announced inspection</td></tr>
<tr><td>Date and Time of Inspection:</td><td>15 December 2015 11:00 – 16:00
16 December 2015 09:30 – 17:00</td></tr>
<tr><td>Name of Inspector:</td><td>Suzanne Cunningham</td></tr>
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2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods / processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	3 in Seymour Hill 2 in Dairy Farm 1 in Rowan Centre 7 in LARC
Staff	2 in Seymour Hill 1 in dairy Farm 2 in Rowan Centre 4 in LARC
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	50	4

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

  Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

  Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

The Lisburn Assessment and Resource Centre (LARC) is situated in the centre of the City of Lisburn. The day centre is purpose built building which is easily accessible and within reach of public transport systems. LARC also incorporates three satellite services, one based in the Rowan centre (next door to LARC), one is sited in Seymour hill which delivers a horticultural project and the final setting is at the Dairy Farm in Stewartstown Road. The day centre has been registered to support the needs of one hundred and fifty (pending a variation for 195) learning disability service users per day between the hours of 09:00 and 21:00. The majority of service users are using the facilities until approximately 15:00 and a small number avail of an evening service until 21:00. The service user numbers are split between LARC which offers services to up to 120 service users on a daily basis, Rowan centre provides services to up to 15 service users daily, Seymour hill provides services to 40 service users daily and Dairy Farm offers services for up to 20 service users each day. Currently these arrangements and number of service users are not detailed in the centres registration; however a variation of registration has been received by RQIA and this is being addressed as part of this inspection.

The LARC building is a modern purpose built day care setting. There are many multi-function rooms and areas which enable staff to meet the diverse needs of the service user group and quiet areas are also available as required. A large dining room is available where meals are provided; there is also opportunity for service users to buy snacks from the tuck shop staffed by service users. Service users can bring a packed lunch if preferred. The design of the day centre provides central enclosed garden areas which give a spacious and bright outlook from the activity areas.

8.0 Summary of Inspection

A primary inspection was undertaken in Lisburn Assessment and Resource Centre on 15 December 2014 from 11:00 to 16:00 & 16 December 2014 from 09:30 to 17:00. This was a total inspection time of twelve hours and thirty minutes. The inspection was unannounced.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007. Post inspection the provider submitted a self-assessment of the one standard and two themes inspected, this report compares the providers' statements with the findings of the inspection. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and observation of service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incident and accidents records; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to eleven care staff in the four settings during the two days of inspection regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff are clear regarding their role when recording information; staff described only recording what is necessary and ensure information is stored securely in locked cabinets and kept confidentially to protect service users. Staff discussed how they keep service users informed regarding records kept about them and encourage service users to be involved in the recording through the person centred planning process (PCP).

The staff were knowledgeable regarding the term exceptional circumstances in the regulations and discussed using diversion, 1 to 1 time, de-escalation, the environment, lower stimulus and knowing care plans. Hands on management of behaviour was described as a last resort and not used unless absolutely necessary to prevent further harm. The staff discussed they are moving away from using Care and Responsibility training to MAPA which has three levels of intervention starting with low, then medium intervention then high.

Staff discussed the management arrangements in the settings and referenced the manager overseeing four services and the senior staff supporting this role. This did not reveal any concerns with regard to these arrangements. Staff identified the current manager as supportive and confirmed team meetings, supervision and training has been provided and had supported them to undertake their role and responsibilities. The senior staff identified they utilise people skills to manage resources, ensure policies and procedures are clearly communicated, ensure service users' needs are clear to staff and met on an ongoing basis, motivate staff and maintain good working relationships with other professionals in the trust.

Four questionnaires were returned by staff members which reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users behaviour; confidentiality and recording. The staff member's identified the staffing numbers can be short when staff have been off sick and others have holiday and training booked because there is a lack of bank staff to cover shifts. However, no concerns regarding not meeting need were raised or identified during this inspection. Staff made comments that praised the quality of care provided within the returned questionnaires, they said: "I believe the quality of care and day service provision is to a high standard. Good team work from all the staff"; "I feel that the service provided is of a high standard within the resources available"; "I feel we provide an excellent service in LARC"; "Considering the level of service users varying degree of learning disability combined with some mental health, LARC I feel delivers a safe quality environment. Service users are socially included within the Lisburn community where possible. Every effort is made to make each individual reach their potential and this is highlighted and evaluated at PCP reviews".

The inspector spoke informally with service users in all four settings and spoke specifically regarding the standard and themes inspected to three service users in Seymour Hill; two service users in Dairy Farm; one service user in Rowan Centre and a group of seven service users in LARC. The inspector also used observation of the service users who were in the day care setting at the time of the inspection to gather evidence for the standard inspected and the two themes. The service users and were very positive about what the setting meant to them in terms of social opportunity and taking part in activities. The service users told the inspector they know information is kept about them and they do see their care plan which they sign if it is updated or changed. They said they like the way their PCP is written which they can understand and they know it is put in a safe place where it is locked away. Service users

described staff helping them and said they will ask; do you need any help or is anything troubling you. Sometimes they go to Raphael if they want him to sort out a problem and he helps them if he can. Service users identified staff help them with their rights and remind them of the importance of them being safe. They gave specific examples of when staff had done this. Finally service users discussed the management structure in the setting, they described the manager and seniors in the settings as magnificent, great and very good. Overall the discussions with the service users did not reveal any concerns regarding compliance with the standard and themes of this inspection and they made the following specific comments: "I like the art room and the people"; "I like (staff name) the most, she protects me and looks after me"; "I love it a lot at LARC"; "(staff name) has been very good to me".

The previous announced inspection carried out on 29 & 31 May 2013 had resulted in two requirements regarding monthly monitoring visits and reporting; the inspector concluded arrangements had been improved in these areas and therefore the setting had achieved compliance. The inspection also made six recommendations regarding the policies and procedures; arrangements for service user reviews; timescales of annual reviews; content of the regulation 28 reports; the settings policy and procedure regarding safeguarding; and improvement regarding one specific file. The inspector concluded arrangements had been improved in these areas and therefore the setting had achieved compliance.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. Four of the criteria inspected were assessed as compliant; and two as substantially compliant, no recommendations or requirements are made.

Observations of service users; discussion with staff and service users; review of ten service users' individual files provided evidence that the centre is performing well regarding standard 7 however some improvements have been identified in the additional areas examined section of this report regarding specific service user records. Policies and procedures were in place which described how service user's information should be kept and recording procedures.

The observation of service users and discussion with service users provided the inspector with evidence of the importance of the social aspect of the setting and how staff stimulates service users interest and involvement in the day care setting for example in creative activities, active activities, discussion groups and jobs in the setting. The inspector concluded the centres process of maintaining and updating service users' records is generally well managed, is using a person centred approach focussed on service user's needs.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. No requirements or recommendations are made with regard to this standard.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. Both criteria were assessed as moving towards compliance because the setting has not recorded the use of PRN as a form of chemical restraint with one service user where the PRN was clearly used to

manage and alter the escalating behaviour of a service user. A requirement is made in this regard.

Nevertheless discussions with the manager, staff and examination of records provided evidence that the centre was using methods of care which promote the needs and rights of the service users who attend the centre. Staff discussed they do not use restraint, seclusion or restrictions as a first response to behaviour and there is acceptance staff will use low level distraction, support and the environment to deescalate behaviour. Restraint, restrictions and segregation are viewed as an exceptional circumstance level of intervention.

Based on the evidence reviewed the inspector assessed the centre as moving towards compliance in this theme and one requirement is made.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. One of the criterion were assessed as moving towards compliance and the other two criteria were assessed as compliant.

One requirement is made to review who undertakes the regulation 28 visits and reporting to ensure it is someone independent and not someone who is supervised by the manager. A second requirement is made to advise RQIA if the CCTV cameras are going to continue to be used in the behavioural unit.

Overall the inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the senior staff had been well assessed planned for and is subject to on-going monitoring. Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme; two requirements and no recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined ten service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This revealed improvements required in three individual files and one overall improvement in recording, therefore four requirements are made in this regard.

The inspector wishes to acknowledge the work undertaken by the manager and staff for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive and person centred approach to day care that is delivered in this centre. There is a clear approach of person centred social support for service users attending this to this day care setting which is consistent with the day care settings statement of purpose and presents as improving outcomes for service users.

As a result of the inspection a total of six requirements regarding improving reporting to RQIA when PRN is used to manage behaviour in the day care setting; review who undertakes the regulation 28 visits; review the use of CCTV; improve three specific files and improve overall recording. No recommendations are made. This was reported to the manager at the conclusion of the inspection and assurances were made these would be addressed post inspection.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	28.4	The registered person must ensure adequate arrangements are in place to ensure the regulation 28 visit and reports include: • consultation with staff • when staff numbers and absences are recorded there should be a reported view as to if this is having an impact on service delivery • are staff numbers compliant with the centres statement of purpose, registration, with the standards and the regulations. • service user's records should be reported on • the reporting should focus on improvement and an overall view of the conduct of the setting • future reports must state the timing of the visits and if the visit is announced or unannounced	The regulations 28 reports were sampled and this evidenced improvement overall.	Substantially compliant
2.	28.5	The registered person must ensure adequate arrangements are in place for the regulation 28 reports to be made available to staff and the process for service users and their representatives to be parents made aware of process and how they can access reports.	Arrangements had been put in place to achieve this; such as detailing the procedure for visits in the service user guide, informing service users and their representatives reports are available and where from.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	6.8 17.2,17.4, 17.9, 17.14, 17.17	The registered person should make appropriate arrangements to ensure this day care setting and satellite services have access to policies and procedures as described in appendix 2, including: • responding to service users behaviour • absence of the registered manager • procedure pertaining to the review of service user's care plan • when service users freedom is restricted such as in the locked unit in LARC. • the purpose, content, process and access to the Regulation 28 visits • The registered manager should ensure staff are familiar with the policies and procedures, their location, how they can be accessed and their responsibilities in this regard.	The policies and procedures files had been put in place for this inspection in the main centre and satellite settings. These were sampled during this inspection and no gaps were identified.	Compliant
2.	15.1; 15.3	The registered manager should ensure the settings arrangements for the review of the service users care plan are clearly stated and described in the statement of purpose, and policy and procedure. In particular this should explain the PCP process; the timescale for the first review; and the flexibility around the timescale for the first review should also be explained.	This had been achieved and a revised copy of the statement of purpose was sent to RQIA with the returned QIP.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
3.	15.3	The registered manager must ensure adequate arrangements are in place to ensure annual reviews are held within twelve months of the last review.	An audit of compliance is being undertaken to assure timescales.	Compliant
4.	15.5	The registered person should review the monthly monitoring reporting and make arrangements for the arrangements for review undertaken to be commented on as well as the quality of the work undertaken in respect of reviews.	The reports do not consistently comment on reviews.	Substantially compliant
5.	13.1 & 13.2	The registered manager should ensure the most up to date trust policy and procedure on safeguarding vulnerable adults is available for staff reference, the policy available was dated October 2009 and was due for review in 2012.	This had been achieved.	Compliant
6.	5.5 & 5.6	The inspector noted file 5 should have the action plan reviewed to ensure all risks and management techniques identified are included. Furthermore, the support plan written separately must be dated and signed.	This had been achieved.	Compliant

10.0 Inspection Findings

Standard 7 - Individual service user records and reporting arrangements: **Records are kept on each service user's situation, actions taken by staff and reports made to others.**	
Criterion Assessed: 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
In Lisburn Assessment and Resource Centre we work in partnership with the service user and parent/carer to ensure that our service is open,honest and transparent. Records are kept in line with the SET Management of Records policy and Data Protection legislation. Documentation relating to service user needs are kept in files which are kept in a locked filing cabinet with the key being held by the Day Care Worker. Service Users/carers are provided with copies of their service plan which is agreed at their annual Person Centred Review and are signed by them or their representative. On request for any third party information required by a service user or parent/carer/representative this must be requested through the SE Trust's Information Governance Team In Ards Hospital	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector reviewed a sample of ten service user records across the services which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The main setting and satellite services have policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which reflect this criterion and are available for staff reference. Recording practices and storage of service user information was discussed with staff and this confirmed service user confidentiality and rights to privacy were being addressed in practice. Service user's files were kept securely and service users were encouraged to be involved in their recording when possible.	Compliant

Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, assuring the quality of recording and management of service user's personal information commensurate with their role and responsibility. Discussion with a small number of service users confirmed they are informed regarding confidentiality of personal information and recording practices in this day care setting.	
Criterion Assessed: 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
In Lisburn Assessment and Resource Centre each service user has an open access file. In meeting service user need and to enable a high and safe quality of care,staff record personal and relevant information to that service users individual needs. Staff work in partnership with service users and a copy of their service plan and specific guidelines to their care are discussed and shared during and following annual review. If a service user or their representative requested further personal information held within the Centre they would be asked to request this in writing to the manager or the Information Governance Dept at Ards Hospital. The policies which staff adhere to include Data Protection Policy Statement SET/Gen (60) 2012 Good Management, Good Record 2011 Code of Practice on Protecting the confidentiality of Service User information Jan 2012 A record of all requests and responses should be retained for a minimum of three years. Redacted repsonses must be retained for 10 years. The master file will be held by the Information Governance Dept as per Trust Policy SET/Gen (61) Procedure for Dealing with Freedom of Information (FOI) requests. DHSSPSNI.gov.uk.retention schedule gives guidance on retention periods and relevant legisalation in relation to records management	Compliant

Inspection Findings:	COMPLIANCE LEVEL
The service have a section of the service users guide which explains records are kept, this is also discussed when updating records with service users for example; in preparation for the review. Discussion with staff and service users confirmed this practice is in place. Discussion with staff revealed the person centred approach to their recording, which is clearly observed in the records the inspector viewed. Some records were noted as lacking detail and the specific detail and improvements required are detailed in the section Additional Areas Examined: service user's records.	Substantially compliant

Criterion Assessed:	**COMPLIANCE LEVEL**
7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include: • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1.	
Provider's Self-Assessment:	
Each Service User attending Lisburn Assessment and Resource Centre have individual case records/notes. These are kept in file and stored locked in filing cabinets. Service User files contain the following documents relating to their activity within the Centre. Service User Plan, Assessment of Needs relating to Speech and language, Behaviour Support, Medication and medical interventions, individual risk assessments,contacts with allied professionals, and contact with carers/representatives regarding the service user. Any changes in service plan objectives or activities,changes in behaviours, incidents, accidents or near misses ocurring are also recorded.Within 10 days/attendances of commencement the "All About Me" assessment is completed and a meeting held with carers/representatives of the service user to discuss their needs and how best to meet these.. Four to six weeks later a Person Centred Review is held with agreement on how best to support the person and the setting of personal future objectives.An action plan with timescales and delegated tasks is completed and shared with the service user and their representative. A review of these objectives will usually take place annually or sooner if needs change and progress records are kept to ensure objectives are focused and within timescales. Any accidents, incidents, near misses are recorded on IR1 forms with arrangements in place to inform statutory services and RQIA as appropriate. VA incidents are referred through to Disability SW team for screening.	Compliant

Inspection Findings:	**COMPLIANCE LEVEL**
The examination of a sample of ten service user individual records evidence the above records and notes were available and had been maintained. The inspector noted particularly in this setting staff had a good understanding of person centred practice when writing about service users and involving them in decision making, the service plan is written in service user language and identifies the service user's goals. The inspector did discuss with the manager the way information is presented when the service users does not communicate verbally and we discussed the use of non-verbal communication and how this can be presented in the service plan.	Compliant
Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Within Lisburn Assessment and Resource Centre each service user has objectives set at their annual Person Centred Review. There is an entry made on each service users progress sheet relating to how these objectives are being met at least every five days attendance.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The review of a sample of ten service user care records provided evidence in the main records have a written entry at least once every five attendances for each individual service user. The inspector identified varied quality of the recording and this is further discussed in the section: service user records. The manager discussed agreed to review the purpose of recording in the next allocation of mandatory training.	Substantially compliant

Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Guidance is available for staff on matters that need to be reported to the manager, the service users representative, the referral agent and other health/social care providers within the policy and procedure files and local procedures available to staff in each of the work areas.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The service users and representatives had been involved in decisions regarding reporting or referring information as evidenced in the ten individual service user files examined.	Compliant
Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
Provider's Self-Assessment:	
All records are legible, accuarate and updated,signed by the person making the entry. The manager regularly reviews and signs records during supervisions with staff.Trust ISO audits are also regularly held to ensure compliance.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined a sample of ten service user individual records and was satisfied they met this criterion. Furthermore consultation with a sample of staff working in the centre confirmed their understanding of this criterion.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Theme 1: The use of restrictive practice within the context of protecting service user's human rights **Theme of "overall human rights" assessment to include:**	
Regulation 14 (4) which states: **The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
The registered manager ensures that no service user is subject to restraint unless the restraint employed by the Trust (C and R) is the only practicable means of securing the welfare of the service user. The use of this method is under exceptional circumstances only. The criteria for the exceptional use of this method is clearly set out in the South Eastern H&SC Trust Policy and Procedure for the Use and Recording of C and R Techniques in Adult Disability Services. This Policy is available for viewing on day of inspection.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined a selection of ten service user records and other records to be kept in a day care setting, as described in schedule 5. This setting does have a behavioural unit in the main setting which is a locked area and restricts service user's movement. Within the behaviour unit small rooms are used and handling belts were being used which are methods written into the specific service user's management plan furthermore, specific staffing arrangements are used to respond to service users' needs and behaviours. The setting has used restraint to manage behaviours and this inspection year there had been six incidents of C & R restraint recorded and two incidents of C & R breakaway techniques used. These incidents of restraint had been reported however the inspector found one record of PRN medication being used to manage behaviour which had been prescribed for this purpose. The inspector discussed the use of chemicals to manage and alter a service user's behaviour, which is administered as and when required; for this purpose. The inspector discussed this is a type of restraint which should be reported to RQIA when used. A requirement is made in this regard.	Moving towards compliance

The examination of the records of restraint concluded the records described a reactive response to service users challenging behaviour firstly detailing staff using a range of calming, diversionary and distraction techniques. On the files inspected there was a range of professional guidance and assessment regarding behaviours, needs of service users and management techniques for reference and this information had been integrated into the service users plan and risk assessment. Staff received training in C & R as part of the mandatory training programme, the staff competence, knowledge and skill is tested during the training and they have to reach a standard required to pass the training. The use of C & R is then monitored and assessed on an on-going basis through observation, discussion and post incident evaluation to ensure staff are applying the use of C & R appropriately and using the least restrictive method available to respond safely to a service user's behaviour. There are policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents available for staff reference. Documented restraint or restrictions in use had been analysed to provide a clear description of when they are used and some clearly detailed why this is the least restrictive and most appropriate way to meet need, in other service users records service user's information could be improved in this regard. This is further examined in the section: service user's records. The effectiveness and outcome of the use of restraint was subject to continuous review in meetings with the behaviour management team and following an incident in the post incident review. Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances and this did not reveal any concerns, they were also knowledgeable regarding the use of restraint or restrictions including their responsibility to protect service user's human rights and integrating the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance into practice. Discussion with service users revealed staff will approach service users if they are upset or cross and they will give them 1 to 1 time, listen, calm them or take them out which are strategies consistent with information written in service users plans.	

Regulation 14 (5) which states: **On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
In the exceptional circumstances where a service user requires the use of restraint the details of the event and techniques used will be documented.The incident is reported using the following forms. RQIA Form 1a Statutory Notification of Evemnts. The SE Trust NMIR1 FORM, a Post incident form. Monthly record of the use of C and R. The incident is also referred to in the staff debriefing form and appropriate client notes.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined a selection of records as described in the above criterion and was satisfied these had been reported to RQIA as required. However, during the review of the service user's individual files the inspector noted PRN medication had been planned for and on some occasions; used to manage behaviour and this had not been reported to RQIA as a form of restraint (chemical). A requirement is made in this regard. Records revealed behaviour management techniques are regularly reviewed to ensure plans remain necessary, proportionate and do not infringe service user's human rights. The team also debrief following any behavioural incident to ensure the practice is necessary and proportionate as well as discussion regarding update of assessment and plans in place. Examples of this were in place in the files inspected. Incidents of restraint had been reported to the representative; care manager or social worker; behaviour management team; RQIA; the managers internal auditing also monitors the whole setting to ensure any trends and areas of improvement are identified to improve the overall care provided. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities such as: managing service user's behaviour; responding to service user's behaviour; protecting the human rights of service users when delivering care; and ensuring service users are responded to in the most appropriate and least restrictive way. Staff also gave information to evidence they maintain a person centred approach to their practice which is reflected in their recording.	Moving towards compliance

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Theme 2 – Management and Control of Operations **Management systems and arrangements are in place that support and promote the delivery of quality care services.** **Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.**	**COMPLIANCE LEVEL**
Regulation 20 (1) which states: **The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -** **(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;** **Standard 17.1 which states:** **There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.**	
Provider's Self Assessment:	
Lisburn Assessment and Resource Centre and Satellite Services Statement of Purpose defines the management structure for the services. This defines the roles and lines of accountability of staff.When the manager is absent a Band 5 staff member-Senior Day Care Worker is available to act as a designated officer. The manager has carried out a competancy assessment of designated staff and this is available to view on day of inspection.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The manager is social work qualified and he is supported by four senior day care workers and band 5 staff in the satellite settings. The band 5 Senior Day Care Worker and Day Care Worker staff is completing the ILM level 3 award in leadership and management – developing manager. The confirmed competency assessments were in place for these staff and examination of a sample of these did not raise any concerns.	Compliant

The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and sampled the staff records for the senior day care workers and a sample of band 5 who manage the day care setting in his absence. This did not reveal any concerns regarding competency, training or practice to undertake roles and responsibilities for the manager. The staffing arrangements in the setting presented as adequate numbers and distribution of staff across the day care setting main site and satellite settings. The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and has a current statement of purpose. These are available for staff reference. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example they were clear who they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same. Discussion with service users revealed they were aware of the person in charge of their location and the overall manager is Raphael, they were also clear they could seek support from any staff member. The staffing structure of the day care setting is described in the settings statement of purpose and service users guide. Discussion with the staff left in charge of the day care setting in the registered manager's absence presented as fully aware of their role and responsibility to ensure management and control of operations tasks in the day care setting are competently completed and no examples were brought to the inspector's attention that raised any concerns in this regard. Evidence provided for this inspection shows how the registered manager and those left in charge are improving outcomes for the service users who attend the day care setting including improved care planning with focus on reducing restrictions, being clear what needs can be met, evidencing overall satisfaction of service users and involving service users in a range of activities and interests.	

Regulation 20 (2) which states: • **The registered person shall ensure that persons working in the day care setting are appropriately supervised**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
All staff working in the day care setting are supervised appropriately.The Band 7 Manager is supervised monthly,Band 5 Day Care Worker staff are supervised monthly and Band 3 day Centre Carer staff are supervised every 6-8 weeks.The supervision of all staff adheres to The South Eastern Trust Supervision Policy for Social Care Workers and is available for viewing on the day of inspection. Each staff member supervised has a supervision agreement and supervision meeting minutes are retained on the staff members file. These are available for viewing on the day of inspection. Each staff member also takes part in their annual Key Skills Framework appraisal. This allows staff to reflect on their knowledge and skills required for their job profile. From discussion at this meeting a Personal Development Plan is agreed to reflect on training needs for the coming year.These are kept in staffs individual files and are available for viewing at inspection.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined the training, supervision, appraisal and staff record of a sample of staff which did not reveal any concerns in this regard. The inspector did note there is a conflict with the registered manager supervising another manager in a trust setting who undertakes the monthly monitoring visits in LARC, effectively the manager is being monitored by his supervisee which is not in the spirit of the regulation and a requirement is made that this arrangement is revised to ensure monitoring visits are undertaken by a management level or higher individual who is independent of this setting and manager. In terms of general supervision and observation of staff the inspector did review records regarding a temporary staff member who was observed acting inappropriately towards a service user. This incident evidenced staff understanding of their role and responsibility to be vigilant and observant of all care of service users and if they have concerns to report those without delay. The inspector was concerned however that CCTV footage was used as evidence that the staff member did act inappropriately. In the past RQIA had been assured the CCTV was no longer in use. Discussion with the manager revealed the CCTV still records although it is not displayed on monitors and every 20 days, footage is recorded over therefore there is a 20 day window for CCTV footage	Moving towards compliance

to be reviewed and retrieved. This arrangement is not consistent with previous correspondence regarding the same and a requirement is made the CCTV recording in this setting is reviewed and a determination is made regarding the use of the same. The outcome of this review must be reported to RQIA in writing on the returned QIP.	
Regulation 21 (3) (b) which states: • **(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –** • **(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
The Job Description and Person Specifiation available at the application process informs potential staff what qualifications and training are required for the job.Staff employed at Band 5 and Band 3 grades in the Services have met the criteria for employment through shortlisting and attendance at interview. Staff also have to successfully meet the criteria in assessment set out both in the NISCC and SET induction.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
As detailed in the first criterion for this theme no concerns or improvements were identified regarding the fitness and qualifications of the manager who is the registered manager for this setting.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified seven complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA, the records revealed they were issues of dissatisfaction which staff responded to in a timely manner and were resolved to the complainant's satisfaction and this did not reveal any concerns regarding the record. Seven complaints and issues of dissatisfaction were recorded for 2014 and similarly this did not reveal any concerns regarding the recording, response and management of the issues.

11.2 Service User Records

Ten service user files were inspected as part of this inspection and this revealed the files were generally consistent with schedule 4 however, as identified in the examination of standard 7 there are specific improvements that have been identified and are:

File 5 details a service user who has a waist belt used by staff, this is detailed in the care plan as used outside of the setting however this restriction was observed as in place in the setting. It was explained to the inspector why this was used and what would happen if it was not used however, this is a restriction in place and potential restraint that's use is not clearly detailed in the care plan or assessment. These documents should also clearly describe why this is the least restrictive measure that can be used with this service user to ensure the service user's needs are met. A requirement is made in this regard. It should also be noted this service users behaviour support service assessment was due for review In April 2013 and the last speech and language report on file was written in 2012, a requirement is made that both of these documents are reviewed with the appropriate professionals to ensure care is current, responsive to need and appropriate.

File 6 contained a large number of letters of complaint regarding staff, the service and general issues regarding care. The manager explained letters from the complainant are a frequent occurrence and discussion revealed there is no trust protocol in place to manage these letters; therefore it looks like the letters are not responded to. A requirement is made that the trust provide the setting with a clear protocol regarding management of the letters and how the setting can meet their statutory responsibility to respond to complaints and issue of dissatisfaction in this example.

File 8 detailed the use of medication as required to respond to the service user's behaviour. This method of behaviour management had been utilised and had not been reported as an incident of restraint. A requirement is made that all uses of PRN when used to manage and respond to escalating behaviour is reported to RQIA in compliance with regulation 14 (5).

Overall the ten files inspected demonstrated a varied approach regarding recording and detailing risk and management plans. This was discussed with the manager on the day of the inspection and the importance of clear detail in assessment and planning documentation should be discussed with staff to ensure consistency of approach in this regard. A requirement is made.

11.3 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA after this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was consistent with the outcome of this inspection and this did not raise any concerns that require further discussion or analysis.

11.4 Statement of Purpose & Service Users Guide

These documents were submitted at this inspection and reference to them during the inspection did not reveal any concerns.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Raphael Kearns, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Suzanne Cunningham
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Quality Improvement Plan

Unannounced Primary Care Inspection

Lisburn Assessment and Resource Centre incorporating 'Rowan Centre Day Care', 'Dairy Farm Day Care' & 'Seymour Horticultural Unit'.

15 and 16 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Raphael Kearns (registered manager/ person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	14 (5)	The registered manager must ensure all incidents of restraint are reported to RQIA in compliance with this regulation including chemical restraint.	First	Chemical restraint where used, will now be recorded on the monthly records for incidents of restraint.	10 February 2015
2.	28 (1) & (2)	The responsible person must ensure the individual who undertakes the monthly monitoring visits in LARC is a manager with equivalent role and responsibility to the registered manager of this establishment and who is independent of this setting and manager, i.e. not supervised by the registered manager.	First	The Monitoring Officer role will be reviewed identifying a new Monitoring Office for LARC by February 2015	10 February 2015
3.	26 (2) (a)	The responsible person must report on the returned QIP the outcome of the review of CCTV cameras in this setting. This must include a clear statement, if they are going to continue to record, what the recordings may be used for and storage of the recordings.	First	A complete review of the use of CCTV within the LARC is to be carried out by 31/5/15. If a subsequesnt decision is taken to retain the CCTV cameras, a report will be compiled detailing what recordings may be used for and storeage of recordings.	10 February 2015

4.	14 (4)	The registered manager must ensure File 5 contains detail in the care plan or management plan regarding the use of the waist belt used by staff in the day care setting. This must be recorded as a restriction and therefore clearly describe why this is the least restrictive measure that can be used with this service user in the day care setting to ensure the service user's needs are met. The registered manager must also ensure the behaviour support service assessment and speech and language report is reviewed with the appropriate professionals to ensure care is current, responsive to need and appropriate.	First	File 5 has been reviewed and ammended as required. The use of the waist belt as a restriction has been recorded. The least restrictive measure of use has also been recorded ensuring the service users needs are met. The behaviour support plan and speech and language report have been sent to the relevant professionals for review 19.1.14.	10 February 2015
5.	24	The responsible person must make appropriate arrangements for File 6 to be reviewed in respect of the complaint correspondence regarding staff, the service and general issues regarding care. The trust must put a protocol in place to manage these letters that is in compliance with the trusts policy and procedure as well as this regulation.	First	Following review of the Trusts Complaints policy and procedure and of file 6, continuing complaint correspondence will be passed to the service users social worker for screening. The Trust will continue to follow the DHSSPS Complaints in Health and Social Care standards and	10 February 2015

				guidelines for resolution and learning in dealing with future unreasonable, vexatious or abusive complaints.	
6.	19 (1) (a) & Schedule 4	The registered manager must review with staff the required detail which must be written in records; to ensure the records kept about service users contain consistent quality of information and detail that can be cross referenced with the actual care delivered.	First	The manager will discuss at a staff meeting on 28/1/14 issues of detail and consistent quality in records ensuring staff cross reference to the care delivered.	10 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing QIP	Raphael Kearns
Name of Responsible Person / Identified Responsible Person Approving QIP	Bria Mongan, Director of Adult Services and PHC

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	yes	Suzanne Cunningham	07/05/15
Further information requested from provider			